Pediatric Case History

Child's Name: _____ Date of Birth: _____ Age: _____

Person completing form: _____ Relationship to child: _____

Area of Concern:

Do you have concerns about your child's: ☐ Speech and Language development? ☐ Hearing?

Please list any other learning concerns: _____

Does your son/daughter receive any special education services? _____ If yes, what services? _____

Does your son/daughter have any speech-language problems? _____ If yes, please explain: _____

Developmental/Medical/Family History

Please indicate if your son/daughter has experienced any of the following:

- ☐ Problems before, during, or after birth
- ☐ Hyperbilirubinemia/jaundice
- ☐ Bacterial meningitis
- ☐ Asphyxia/lack of oxygen at birth
- ☐ Mechanical ventilation
- ☐ Head or neck abnormalities
- ☐ Currently takes medication
- ☐ Sensory integration issues
- ☐ Autism spectrum disorder
- ☐ Attention deficit hyperactivity disorder
- ☐ Syndromal abnormality
- ☐ Serious illness or accidents
- ☐ Fetal alcohol syndrome
- ☐ Delays in development
- ☐ Fever over 104 degrees
- ☐ Other: _____

If your child has experienced any of the above, please explain (include specific treatment and medications):

_____

If anyone in your family has trouble hearing, please list their relationship to your child:

_____

Behaviors and Characteristics

Please indicate if your son/daughter has experienced any of the following:

- ☐ Ear problems (infections, eardrum hole, wax, drainage, ear pain) or ear surgeries (i.e., tubes, etc.)
- ☐ Ear surgeries (i.e., tubes, etc.)
- ☐ Sensitive to loud sounds
- ☐ Restless/problems sitting still
- ☐ Reverses words, numbers, or letters
- ☐ Disruptive or rowdy
- ☐ Inappropriate social behavior
- ☐ Difficulty understanding the meaning of words
- ☐ Other: _____

Is there any additional information that is important for the audiologist to know?

_____

_____

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